



## Pipeline Safety Division Investigation Report

### Investigation regarding: C. Lee Construction Services Inc

UPPAC Database Record ID: 4063

Report Date: 3/15/13

Investigator: Howard Friend

Damage Date: 10/25/2012 2:57:27 PM

Damage Address: 2644 / Sheffield Ave, Hammond, Lake

### The Parties

Excavator: C. Lee Construction Services Inc

Address: P.o. Box 618, 1200 W Main St., Griffith, In 46319

Facility Owner: NIPSCO

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: demolition

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$490

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No

Indiana 811 Ticket Number:

Original Start Date:

Locate Instructions: Locate the west end of property--sw corner

Follow-Up Locate Instructions (if applicable):

**Synopsis:** A natural gas service was damaged during demolition of a building.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 12/17/2012. The excavator reported they assumed that all utilities had been retired. They reported they will not make that assumption in the future and will provide proper notice.

**Conclusion:** There was a failure to provide notice of excavation.

**Violation: 8-1-26-16(g) Failure to provide notice of excavation.**



150 West Market Street, Suite 600  
Indianapolis, IN 46204

January 31, 2013

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 4063  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4063

To Whom It May Concern:

Attached please find Northern Indiana Public Service Company's ("NIPSCO") written information, and supporting documentation, relating to the following event:

Date of Event: 10/25/2012

Event Location: 2644 / Sheffield Ave

Facility Owner: Northern Indiana Public Service Company

Excavator: C. Lee Construction Services Inc

Other Party: N/A

Pipeline Division Case No. 4063

NIPSCO has reviewed its recovery and damage prevention files for this matter and has provided answers, when known, to the list of questions set forth in the Information Request. To the extent available, NIPSCO is also providing a copy of the Damage Information Report – Pipeline Safety Division previously submitted by NIPSCO to IURC Pipeline Safety as well as additional documentation relating to this Event Location.

Upon completion of the investigation, NIPSCO requests that it be provided with a copy of the Pipeline Division's Investigation Report with findings that will be forwarded to the Underground Plant Protection Advisory Committee. If there are any additional questions, please contact the undersigned.

Very truly yours,

Christopher C. (Kit) Earle  
NiSource Corporate Services - Legal  
Phone: 317-684-4904  
Fax: 317-684-4918  
Email: [cearle@nisource.com](mailto:cearle@nisource.com)

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 4063</b>	
Date of Event	10/25/2012
Event Location	2644 / Sheffield Ave
Event City	Hammond
Facility Owner	Northern Indiana Public Service Company
Excavator	C. Lee Construction Services Inc
Date of IURC Information Request	12/5/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	C. Lee Construction Services Inc
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	PO Box 618
CITY/ STATE/ZIP	Griffith, IN 46319
PREFERRED TELEPHONE	219-922-7733
CELL PHONE TELEPHONE	219-746-7288
EMAIL ADDRESS	CLEE@CLEECSI.COM
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
<b>LOCATOR SERVICE INFORMATION</b>	
BUSINESS NAME	USIC
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	Same
EMAIL ADDRESS	<a href="mailto:morganthompson@usicinc.com">morganthompson@usicinc.com</a>
<b>OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION</b>	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>UTILITY LINE IMPACT</b>	
<b>LOCATION OF DAMAGE</b>	
ADDRESS	2644 Sheffield Ave
CITY/STATE/ZIP	Hammond, IN
NEAREST INTERSECTION	129 <sup>th</sup> St.
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	1 1/8"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	N
NUMBER OF CUSTOMERS AFFECTED	0
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	X
Drainage	
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y-1210252339
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	N

INDIANA 811 LOCATE TICKET NUMBER	
LOCATE MARKS VISIBLE (YES/NO)	N
LOCATE MARKS CORRECT (YES/NO)	N
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	N
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
<b>INCIDENT IMPACT INFORMATION</b>	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>No notification made to the one-call center.  Nipsco emergency repair ticket 1210252438</p>	

**Fact Based Investigation Report**

NOTIFICATION ID: 01820121025016

DISTRICT: Northern IN

DAMAGE DATE: 10/25/2012 2:57:53 PM

NOTIFICATION DATE: 10/25/2012 3:00:11 PM

NOTIFIED BY: FREDRICK LEE

DAMAGE ADDRESS: 2644 SHEFFIELD AVE

CITY: HAMMOND

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 10/25/2012

FROM: 14:35:00

TO: 15:05:00

EXCAVATOR INVOLVED: C. LEE CONSTRUCTION SERVICES INC

TYPE OF EXCAVATION: DEMOLITION

ORIG. LOCATE REQ.: 1210252342

START DATE/TIME: 10/29/2012 3:15:00 PM

TYPE OF TICKET: Routine

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1210252339

START DATE/TIME: 10/25/2012 2:55:00 PM

PICTURES TAKEN BY: Vince Johnson DATE/TIME: 10/25/2012 2:55:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #: 1

INVESTIGATOR EMP#: 118013

INVESTIGATOR NAME: Vince Johnson

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

**Fact Based Investigation Customer Information**

NOTIFICATION ID: 01820121025016

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Johnson Vince - 118013

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

No Locate Req. By Contractor

Other:

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):

Visual, Facility Exposed At Time Of Investigation,  
Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

contractor digging in yard hit gas service. No previous locate called in. Contractor called in the ticket after the damage.

**NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**  
Nipsco on site made repairs

**NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**  
N/A

**LIST ANY OTHER INDIVIDUALS ON SITE:**  
N/A

**WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?** No

**WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA?** No

**WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?** No

**EXTENT OF FACILITY DAMAGE** Cut gas service

**REPLACEMENT FOOTAGE** N/A

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?** No

**WHAT CONTRACTOR EQUIPMENT WAS USED?** N/A

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** No

**IF YES, PLEASE LIST RECORD #(S)**

NIPSCO 00820 IUPPSa 10/25/2012 14:57:53 1210252339-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1210252339 Date: 10/25/2012 Time: 14:52 Oper: SPOPE Chan:044

State: IN Cnty: LAKE Twp: NORTH  
Cityname: HAMMOND Inside: Y Near: N  
Subdivision:

Address : 2644  
Street : SHEFFIELD AVE  
Cross 1 : 129TH ST Within 1/4 mile: Y  
Location: LOCATE THE WEST END OF PROPERTY--SW CORNER  
:  
Grids : 4139B8730B 4139A8730B 4140D8730B 4139B8730A 4139A8730A  
Grids : 4140D8730A  
Boundary: n 41.666801 s 41.661022 w -87.514214 e -87.508759

Work type : DEMOLITION  
Done for : HAMMOND PORT AUTHORITY  
Start date: 10/25/2012 Time: 14:53 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 DAY Depth: 2 FEET

Company : C. LEE CONSTRUCTION SERVICES INC Type: CONT  
Co addr : P.O. BOX 618  
City : GRIFFITH State: IN Zip: 46319  
Caller : FREDRICK LEE Phone: (219)922-7733  
Contact : FREDRICK LEE - CELL Phone:  
BestTime:  
Mobile : (219)746-7288  
Email : CLEE@CLEECSI.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
NIPSCO GAS LINE HAS BEEN CUT--LINE IS SEEPING--ADVISED TO CALL 911--LINE WAS CUT  
AT THE WEST END OF PROPERTY NEAR FENCE LINE--1 INCH ORANGE PLASTIC--CREW ON  
SITE--NO PREV TICKET--THANK YOU  
Will you be white-lining the dig site area? NO  
:

Submitted date: 10/25/2012 Time: 14:52  
Members: COMCN IB ID3128 ID5845 ID6405 ID6428 NIPSCO SM

CASE #  
4063

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

\*\* COMPLETE FORM FOR ALL DAMAGES TO NIPSCO FACILITIES \*\*

REPORTING OPERATING AREA Hamid MAXIMO WO #
OPERATING AREA CONTACT Hamid JOB ORDER # 583056
TRACKING NUMBER 018 2012 1025 016 LOCATE REF #
Locate Performed By:

DATE AND TIME OF ACCIDENT Oct 25 2012 M DATE OF REPORT 10-25-12
PLACE OF DAMAGE (INCLUDE CITY) Hamid - 2644 Sheffield, Hamid

DAMAGE WAS TO:
ELECTRIC - POLE / TRANSFORMER: # SIZE YEAR INSTALLED BROKEN YES ( ) NO ( )
OTHER (DESCRIBE)

GAS: SERVICE (X) MAIN ( ) SIZE 1/8 MATERIAL: PLASTIC (X) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )
OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 24 PRESSURE (PSI) 45 Lbs.

RELEASE OF GAS: YES (X) NO ( ) IGNITION OF GAS: YES ( ) NO (X) EVACUATION REQUIRED: YES ( ) # NO (X)

INTERRUPTION OF SERVICE: YES ( ) NO (X) NUMBER OF CUSTOMERS LOST: 0

DURATION OF INTERRUPTION: TIME REPORTED N/A TIME RESTORED N/A

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: cut in half

LOCATE MARKS ON SITE: YES ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS NO (X)
HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) Fred Lee - Seely Construct

ADDRESS OF PARTY (INCLUDE CITY) unknown

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Fred Lee - Seely Const.

WITNESS NAME AND ADDRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY REPORT #

FIRE ( ) AGENCY REPORT #

OTHER (X) 811 Any Injuries? ( ) YES # (X) NO

PHOTOS TAKEN: YES ( ) NO (X) TAKEN BY: (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES ( ) NO (X)

- WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
( ) AGRICULTURE/FARMING ( ) CABLE TV ( ) CURB/SIDEWALK ( ) TELECOMMUNICATIONS
( ) BLDG CONSTRUCTION (X) DEMOLITION ( ) DRAINAGE ( ) WATER
( ) DRIVEWAY ( ) ELECTRIC ( ) SURVEYING ( ) DRAINS/CULVERTS
( ) FENCING ( ) GRADING ( ) IRRIGATION ( ) MOWING
( ) LANDSCAPING ( ) PIPELINE ( ) MILLING ( ) OTHER
( ) POLE/SIGN POST ( ) ROAD WORK ( ) SEWER

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
( ) AUGER ( ) HAND TOOLS (X) BACKHOE/TRACKHOE
( ) MILLING EQUIPMENT ( ) PROBING DEVICE ( ) BORING / DRILLING
( ) EXPLOSIVES ( ) TRENCHER ( ) FARM EQUIPMENT
( ) VACCUUM EQUIPMENT ( ) GRADER ( ) OTHER

- REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW
( ) AUTOMOTIVE ACCIDENT ( ) EXCAVATING BEFORE LOCATES DUE ( ) CARELESS MACHINE OPERATOR
(X) NO NOTIFICATION ( ) MARKS DISTURBED ( ) STUB ( ) OTHER

COMMENTS :

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PERSON PREPARING REPORT Michael ORR

FIELD SUPERVISOR Tony Sanchez

FIELD MANAGER \_\_\_\_\_

- ORIGINAL REPORT AND SUPPORTING INFORMATION IS TO BE SENT TO FACILITY DAMAGE RECOVERY
- COPY OF REPORT IS TO BE SENT TO DAMAGE PREVENTION

SKETCH: - Show position of all pertinent information

|

**FOR OFFICE USE ONLY:**

- |   |     |    |
|---|-----|----|
| • DID EXCAVATION OCCUR BEFORE LOCATES WERE DUE  | YES | NO |
| • NO IN 811 LOCATE CALLED IN                    | YES | NO |
| • DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE | YES | NO |
| • EXPIRED LOCATE                                | YES | NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST  | YES | NO |

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4063

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*The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria.*

*Upon completion of answers select email button for submission.*

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### The Parties

#### Excavator Information:

Business Name: C. LEE CONSTRUCTION SERVICES, INC.

Responsible Party Personal Name: FREDERICK B. LEE

Title (if any): PRESIDENT

Address (number and street): 1200 W. MAIN ST., P.O. BOX 618

City, State and ZIP Code: GRIFFITH, IN 46319

Preferred Telephone Number (area code): 219-922-7733

Cellular Telephone Number (area code): 219-746-7288

Email Address: clee@cleecsi.com

#### Facility Information:

Business Name: N/A

Responsible Party Personal Name: N/A

Title (if any): N/A

Address (number and street): 2644 SHEFFIELD AVE.,

City, State and ZIP Code: HAMMOND, IN

Preferred Telephone Number (area code): -----

Cellular Telephone Number (area code): -----

Email Address: -----

**Locator Service Information:**

Business Name: NONE

Responsible Party Personal Name: NONE

Title (*if any*): NONE

Address (*number and street*): NONE

City, State and ZIP Code: NONE

Preferred Telephone Number (area code): NONE

Cellular Telephone Number (area code): NONE

Email Address: NONE

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**Cause of Damage Information**

Type of Equipment (*select one*): Unknown/Other

Type of Work Performed (*select one*): Bldg. Demolition

**Other Information (Witness, Police, Fire, Other):**

Personal Contact: FREDERICK B. LEE

Business/Organization Name: C. LEE CONSTRUCTION SERVICES, INC.

Title (*if any*): PRESIDENT

Address (*number and street*): 1200 W MAIN ST., P.O. BOX 618

City, State and ZIP Code: GRIFFITH, IN 46319

Preferred Telephone Number (area code): 219-922-7733

Cellular Telephone Number (area code): 219-746-7288 \_\_\_\_\_

Email Address: cleec@cleecsi.com \_\_\_\_\_

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### Utility Line Impact

#### Location of Damage:

Address (number and street): 2644 SHEFFIELD AVE \_\_\_\_\_

City, State and ZIP Code: HAMMOND, IN \_\_\_\_\_

Nearest Intersection: 129TH ST \_\_\_\_\_

**Product Type (select one):** Natural Gas

**Facility Type (select one):** Service/Drop

**Size (Diameter/etc.):** 3/4" \_\_\_\_\_

**Pressure (PSIG/Inches):** ----- \_\_\_\_\_

**Interruption in Service:**  Yes  No **Number of Customers Affected:** \_\_\_\_\_

**Evacuation:**  Yes  No **If yes, How Many Evacuated?** \_\_\_\_\_

**Repair Cost (if known):** \$ 490.32 \_\_\_\_\_

**Release of Product:**  Yes  No

**Ignition and/or Fire:**  Yes  No

**Excavator Notify 811:**  Yes  No

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### Locate Information

**Excavator Request Locate:**  Yes  No

**Indiana 811 Locate Ticket Number:** NONE \_\_\_\_\_

- Locate Marks Visible:**  Yes  No
- Locate Marks Correct:**  Yes  No
- Excavator "White Lined":**  Yes  No
- Maps Used to Mark Facilities:**  Yes  No
- Was Locate Provided within Two (2) Working Days:**  Yes  No
- Operator Employees On-site during Excavation:**  Yes  No

**Incident Impact Information**

**Number of Outpatient Treated:** ZERO

**Number of Inpatient Treated:** ZERO

**Number of Fatalities:** ZERO

**Fire Department Response:**  Yes  No

**Police Department Response:**  Yes  No

**Ambulance Response:**  Yes  No

**Additional Information / Comments**

We were hired by Dyer Construction to demo this building. we were on hold for several months due to the owners not moving out and waiting for NIPSCO to turn off the utilities.

Dyer Constructions, Project Manager, Dave Neises, called NIPSCO to request the utilities to be retired. Mr. Neises was told because he is not the owner of the property he does not have the authority to make such a request. He then contacted Hammond Port Authority (who is the owner of the property) and spoke with Milan Kruzsynski, an Administrator, to explain that he needed to make the call to NIPSCO, because they are the owner. Mr. Kruzsynski said that he would make the call.

Dean from SEH (the engineers) called Dyer Construction to tell them the utilities have been turned off. In turn, Dyer Const. called us to let us know and to proceed. We went to the site to perform the demolition and failed to call for locates. We made an assumption that everything was done. We are aware there are safety procedures in place to avoid things like this from happening. Thank goodness no one was injured or killed. Needless to say, this will not happen again; any future demolitions we will automatically call for locates. We will never make the assumption that someone else took care of it.

We sincerely apologize for any concerns or we may have caused. +

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 4063

Your Full Name: FRDERICK B. LEE

Full Name of Business / Entity (if applicable): C. LEE CONSTRUCTION SERVICES, INC.

Your Business Title (if applicable): PRESIDENT

Address (number and street): 1200 W. MAIN ST., P.O. BOX 618

City: GRIFFITH State: IN ZIP Code: 46319

Your E-mail Address: clee@cleecsi.com

Today's Date (month, day, year): 12-17-12

Your Signature: \_\_\_\_\_ Title (if any) PRESIDENT

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 4063**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)